



Homeland
Security



CITY OF

HIALEAH

Community Emergency Response Team Registration Form

Mr. ()

Mrs. () First Name _____ M.I. ____ Last Name _____

Ms. ()

Address _____ City _____ State FL

Zip Code _____ Daytime Phone _____ Evening Phone _____

Email Address _____ Cell Phone (Optional) _____

AGE ____ Date Of Birth _____ Social Security Number _____ (OR)

Drivers License Number _____ Occupation _____

Employer _____

Have you ever completed a course for: CPR ____ First Aid ____ First Responder ____?

Month / Year completed: CPR ____ First Aid _____ First Responder _____

List any other medical training or certifications you have and year completed:

Which class hours would you prefer ? Three Saturdays from 8 AM to 4 PM ()

Three Sundays from 8 AM to 1 PM ()

Please complete and return to : Cert Program Administrator

Hialeah Fire Department

83 East 5th Street

Hialeah, FL 33010